



LESSNESS HEATH PRIMARY SCHOOL

Permission Form

Name of child		Class	
Trip			
Cost			
Notes from parents			

Please return this permission slip via the school office or email it to us at:

[admin@lessnessheath.bexley.sch.uk](mailto:admin@lessnessheath.bexley.sch.uk)

.....  
\_\_\_\_\_

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_  
to attend the trip to \_\_\_\_\_ on \_\_\_\_\_

I have paid £ \_\_\_\_\_ to cover the cost of the trip via sims agora.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_